

## **REQUEST FOR AN EXTENSION TO A TEMPORARY LICENSE**

I, \_\_\_\_\_  
\_\_\_\_\_,  
[Please print or type name current address, and phone number]

hereby request a 120 day extension to my temporary license. Please provide the Board with the following information for their consideration of this request.

In accordance with Title II of the Americans with Disabilities Act ("ADA"), this Board does not discriminate on the basis of disability in admission to and participation in any examination or meetings sponsored by the Board. Individuals with disabilities who require reasonable accommodations, including auxiliary aids or services for effective communication and participation in these events may contact the Executive Director at 542-5995 to make known to the Board's office as soon as possible so that we have the maximum amount of time available to respond. This application may be made available in an alternative format.

1. Are you currently employed as a respiratory care practitioner in the State of Arizona? \_\_\_\_\_
2. If employed, please provide the Board with the name and address of your employer, your supervisor's name, phone number and your hire date.  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you engaged in the practice of respiratory care without a license after your temporary license expired? \_\_\_\_\_ Date temporary expired/ will expire? \_\_\_\_\_
4. If yes to question no. 3, please provide a statement as to where you engaged in the practice of respiratory care without a license, the dates and the name of your employer and supervisor. Also

please provide the Board with a statement as to why you worked without a license.

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5. Have you applied to take the NBRC examination? \_\_\_\_\_ If yes, please state the dates that you have applied to take the NBRC CRTT examination and the results of that examination. (Please provide the Board with a copy of any documentation that you have received from the NBRC regarding either your application to take the NBRC CRTT or test results.)

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6. If you answered "no" to question no. 5, please provide the Board with an explanation as to why you have not either taken the NBRC CRTT examination or applied to take the examination.

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*AFFIDAVIT*

I, \_\_\_\_\_, do hereby swear that the above is true and accurate. I acknowledge that the Board may deny my request if any or all of the above is false or fraudulent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**BEFORE YOU MAIL THIS APPLICATION PLEASE BE SURE:**

- \* **You have included all required documents and the correct fee (\$75.00) as per R-4-45-102(A)(5)**
- \* **You have answered all questions**
- \* **You have attached a copy from the NBRC regarding either your application to take the NBRC CRTT or test results.**

**Make checks or money order payable to:**

**ARIZONA BOARD OF RESPIRATORY CARE EXAMINERS**

**(Cash will not be accepted all fees are non-refundable as per R4-45-102 B.)**

**Mail to: State of Arizona Board of Respiratory Care Examiners  
1400 W. Washington - Ste. 200 - Phoenix AZ 85007**